

Oppedahl & Larson

1992 Commerce Street Suite 309
Yorktown Heights, NY 10598-4412



Carl Oppedahl
Marina T. Larson Ph.D.

Tel: (914) 245-3252
Fax: (914) 962-4330

8

Amdt. Trans.

PATENT

Our File No. SELF.P-005-US

Date June 23, 1997

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : McAleer et al.

Serial No.: 08/601,223

Examiner : B. Bell

Filed : 2/14/96

Group Art Unit : 1102

For : Disposable Glucose Test Strips and Methods and
Compositions for Making same

Asst. Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-
identified application.

1. (xx) Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted, but has now been determined to no longer be applicable. Fees are paid as a large entity.
2. () A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
3. () No additional fee is required.

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231, on June 23, 1997.

Date of Deposit

Marina T. Larson
Attorney Name

32,038
Registration No.

Marina T. Larson
Signature

June 23, 1997
Date of Signature

Our File No. SELF.P-005-US

The fee has been calculated as shown below:

Claims remaining after amendt. <u>(Col. 1)</u>	Highest No. prev. paid for <u>(Col. 2)</u>	Present extra <u>(Col. 3)</u>	<u>SMALL ENTITY RATE</u>	<u>SMALL ENTITY FEE</u>	<u>OTHER THAN A SMALL ENTITY RATE</u>	<u>OTHER THAN A SMALL ENTITY FEE</u>
Total * 35	Minus ** 35	= 0	x 11 = \$		or x 22 = \$	
Ind. *	Minus ***	=	x 40 =		or x 80 =	
() First Presentation of Multiple Dependent Claim			+ 130 =		or + 260 =	
TOTAL ADDITIONAL FEE				= \$	or	TOTAL = \$

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. prev. paid for" in this space is less than 20, write "20" in this space.
- *** If the "Highest No. prev. paid for" in this space is less than 3, write "3" in this space.

4. (a) (x) An Extension of Time to respond to the PTO communication dated 1/23/97 is hereby requested. The required fee, indicated below, is enclosed herewith.

Extension for response (check only one):

<u>SMALL ENTITY</u>	<u>OTHER THAN A SMALL ENTITY</u>
Within first month () \$ 55	() \$ 110
Within second month () 195	(xx) 390
Within third month () 465	() 930
Within fourth month () 735	() 1,470

(check and complete the next item, if applicable)

() An extension for _____ months has already been secured and the fee paid therefor of \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

or

Our File No. SELF.P-005-US

- (b) (X) In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
5. () Please charge our Deposit Account No. 15-0610 in the amount of \$_____. Two copies of this sheet are enclosed.
6. (x) A check in the amount of \$390.00 is attached.
7. (X) The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR 1.16 and/or 37 CFR 1.17 associated with this communication or credit any overpayment to Deposit Account No. 15-0610.

OPPEDAHL & LARSON

By Marina T. Larson
Marina T. Larson
PTO Registration No. 32,038

Enclosures